

A CLINICAL GUIDE TO CRYPTOSPORIDIOSIS

Clinical Features:

Infection with cryptosporidium can range from asymptomatic to severe, life-threatening illness. The incubation period averages 7 days (range of 2-10 days). This disease frequently presents with **watery diarrhea**, and can be accompanied by **dehydration, weight loss, abdominal pain, fever, nausea, and vomiting**.

In immunocompetent persons, symptoms are usually short-lived (1 to 2 weeks) and self-limiting. Immunocompromised patients can experience disease that is more severe and may become chronic – especially in those with CD4 counts <200/ul.

Diagnosis:

The most sensitive tests are immunofluorescence and enzyme immunoassay (EIA). These methods are recommended over a routine ova and parasite microscopic exam (O&P).

Stool samples should be collected and placed into 10% buffered formalin or sodium acetate-acetic acid – formalin (SAF). Do NOT use polyvinyl alcohol (PVA). Stools should be treated as infectious materials until they have been in contact with formalin for 18-24 hours. Multiple stool samples should be tested before a negative diagnostic interpretation is reported.

Treatment:

Rapid loss of fluids can be managed by fluid and electrolyte replacement.

Infection in healthy, immunocompetent persons is self-limited. Nitazoxanide has been approved for treatment of diarrhea in these individuals. For prescribing information see:
<http://www.rxlist.com/cgi/generic/alinia.htm>.

Immunocompromised persons and those in poor health are at highest risk for severe illness. The effectiveness of nitazoxanide in these individuals is unclear. For patients with AIDS, effective anti-retroviral therapy is indicated, for more information see:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5108a1.htm>

Reporting:

Cryptosporidiosis is a reportable disease in Utah. Utah law requires that this be reported to public health within 3 days of identification. You may report to your local health department or to the Utah Department of Health (801) 538-6191.